



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD980669402

INSTALLATION ADDRESS

SUMMIT CORP EYELETS FOR INDUSTRY
45 OLD WATERBURY RD
THOMASTON CT 06787

45 OLD WATERBURY RD
THOMASTON CT 06787

EPA Form 8700-12B (4-80)

06/28/83

NAME: Eyelts for Industry

I.D. NO.: CTD980669402

FILE LOC: P-2

OTHER: _____

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Richard C. Wright

VICE PRESIDENT & GENERAL MANAGER

5-6-83

EPA Form 8700-12 (6-80) REVERSE

ADDETACH A

ADDETACH A

ZEN
GFacility Name CTD 48066 94102Facility Rep. Russ GriswoldInspector M. Tjepser Date 2/20/91RORA LAND DISPOSAL RESTRICTIONS

GENERATOR COMPLIANCE (Complete this section for all Generators and TSDFs)

Waste Identification

1. Obtain copy of the generator's Annual Report. (Provide this to EPA with the checklist if violations are detected.)
2. Waste Codes listed in the Annual Report and evaluated during the inspection:

7001 _____

3. For newly generated wastes, "one-time" wastes, wastes from cleanups, and other wastes not appearing on the Annual Report, provide the following:

<u>Waste Code(s)</u>	<u>Description (composition/source)</u>	<u>Subcategory/Treatability Group</u>	<u>Frequency/Amount Generated</u>	<u>Receiving Facility</u>
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NONE

4. Are the waste codes identified by the company correct? If NO, Explain:

<u>Company Code(s)</u>	<u>Suspected Code(s)</u>	<u>Reason/Explanation</u>
------------------------	--------------------------	---------------------------

Yes

5. Manifests reviewed from 11/88 - 3/90
(month/year)

GENERATOR COMPLIANCE

B

Shipments for which Notifications were NOT on file:

NOTE This section is for shipments of waste which were not accompanied by LDR notifications. This section should be completed when no notifications were on file for a particular waste code. If all notifications are on file, or only a few are missing for a particular waste code, DO NOT USE THIS SECTION, use sections C, D, or E.

1. No Notifications were on file for the following waste codes: foo1

2. Is there an indication that these Notifications were sent and not retained? Y X N

Please Explain; (for example: are blank notification forms on-site?)

3. [268.7(a)] Did the generator determine that these wastes were subject to LDR? Y X N

Please Explain; (for example, was there any evidence of a determination?, did the generator have any knowledge of the regulations?)

Was this determination correct? Y N If NO, Explain:

4. List of shipments for which NOTIFICATIONS WERE NOT ON FILE:

<u>Manifest No.</u>	<u>Date</u>	<u>Waste Code(s)</u>	<u>Explanation</u> (incorrect determination?)
CTC 0176611	12/13/88	foo1	
CTC 0176633	2/20/89	foo1	
CTC 0176660	5/8/89	foo1	
CTC 0176680	8/7/89	foo1	
CTC 0310014	12/18/89	foo1	
CTC 0310037	3/19/90	foo1	

(continue on back, if necessary)
[Obtain Copies of Manifests, Where Possible]

NO NOTIFICATIONS ON FILE

Shipmer for which notifications WERE sent:

1. WASTE EXCEEDS TREATMENT STANDARDS for: (waste codes) _____
and notifications WERE on file. (if NONE, go to D)

2. [268.7(a)] Determination Based on:

For Waste Codes

Knowledge of Wastes _____Y
TCLP _____Y
Total Waste Analysis _____Y
Other _____Y

Basis _____
Last Analysis: _____
Last Analysis: _____
Explain _____

3. Did generator identify all applicable waste codes? _____Y _____N

If NO, Explain and list wastes for which all waste codes were not identified:

Note: Even if the waste is identified as a listed waste code (F,K,P, or U), all pertinent characteristic waste codes (D) must also be listed. However, if the treatment standard for the listed waste code contains a standard for the characteristic constituent, the characteristic waste code need not be included. For example, A F006 sludge which contains lead at a concentration greater than 5 ppm does not have to be listed as a D008 as well since the F006 treatment standard contains a standard for lead. [268.9]

4. [268.7(a)(1)(i-iv)] For Each Waste, Did Notification Contain:
{SEE APPENDIX I}

If NO, relevant
Waste code(s)

(a) Waste Code(s) _____Y _____N
(b) Manifest Number _____Y _____N
(c) Waste Analysis Data _____Y _____N _____Not Available

(d) Treatment Standard: {APPENDIX VIII}

For F001-F005, F039 and California List:

for example

F003:Acetone
all other spent
solvents
0.59 mg/l

The specific Treatment Standard _____Y _____N
(if a table is used, the specific constituent(s)
and treatability group must be identified)

For all other wastes:

for example

D002 Acid Corrosive
nonwastewater
40CFR 268.42(a)
DEACT

The Subcategory of the Waste _____Y _____N _____N/A
The Treatability Group _____Y _____N
Appropriate CFR Reference _____Y _____N
For waste with treatment standards expressed as specified
technologies; the five-letter treatment code _____Y _____N

5. [268.7(a)(6)] Did the generator retain copies of all Notifications _____Y _____N

(If there were any missing or inadequate notifications, please list them on page 5.)

Notifications WERE on file (continued):

D

1. WASTE MEETS ALL TREATMENT STANDARDS for: (waste codes) _____
and notifications WERE on file. (if NONE, go to E)

2. [268.7(a)] Determination Based on:

For Waste Codes

Knowledge of wastes _____Y
TCLP _____Y
Total Waste Analysis _____Y
Other _____Y

Basis _____
Last Analysis: _____
Last Analysis: _____
Explain _____

** OBTAIN COPIES OF WASTE ANALYSIS DATA OR SUPPORTING DOCUMENTATION **

3. Did generator identify all applicable waste codes? _____Y _____N

If NO, Explain and list wastes for which all waste codes were not identified:

4. [268.7(a)(2)(A-D)] Did Notification Contain: {SEE APPENDIX I}

Waste Code(s) _____Y _____N
Treatment Standard _____Y _____N (as outlined in Section C. above)
Manifest Number _____Y _____N
Waste Analysis Data _____Y _____N _____Not Available

Certification Statement [268.7(a)(2)(11)] _____Y _____N

5. [268.7(a)(6)] Did the generator retain copies of all
Notifications/Certifications _____Y _____N

(If there were any missing or inadequate notif/certs, please list them on page 5.)

6. Based on the information provided (waste analysis data, type of
waste), is the above NOTIFICATION/CERTIFICATION accurate? _____Y _____N
(i.e., did the waste actually meet treatment standards?)

If NO, Explain:

WASTE MEETS TREATMENT STANDARDS

Notifications WERE on file (continued):

- E**
1. WASTE SUBJECT TO A National Capacity Extension (NCE) for: (waste codes) _____
(SEE APPENDIX VI & VII) Case by Case Extension for: (waste codes) _____
No Migration Petition for: (waste codes) _____
and notifications WERE on file. (if NONE, go to CDE)
 2. Based on the information provided (waste analysis data, type of waste), is the above NOTIFICATION accurate? ____Y ____N
(i.e., are they actually subject to the extension/variance?)

Note: If a waste code subject to a NCE is also subject to the California List prohibition levels, that waste is no longer eligible for a NCE. The California List is as follows: Liquid hazardous wastes with cyanides ≥ 1000 mg/l, Liquid hazardous wastes containing: arsenic ≥ 500 mg/l, mercury ≥ 20 mg/l, cadmium ≥ 100 mg/l, nickel ≥ 134 mg/l, chromium VI ≥ 500 mg/l, selenium ≥ 100 mg/l, lead ≥ 500 mg/l, thallium ≥ 130 mg/l, and/or PCBs ≥ 50 ppm, Liquid hazardous wastes having a pH ≤ 2 , Hazardous wastes ≥ 1000 ppm of Halogenated Organic Compounds (HOCs).

If no, Explain:

3. [268.7(a)(3)(i-v)] Did Notification Contain (for wastes subject to EXTENSION):
(SEE APPENDIX I)

Waste Code(s)	____Y ____N	
Treatment Standard	____Y ____N	(as outlined in Section C above)
Manifest Number	____Y ____N	
Waste Analysis Data	____Y ____N	____Not Available
Date the waste is subject to the Prohibitions	____Y ____N	

4. [268.7(a)(6)] Did generator retain copies of all Notifications? ____Y ____N

(If there were any missing or inadequate notifications, please list them in CDE below.)

CDE MISSING OR INADEQUATE NOTIFICATIONS? (for shipments of waste outlined in sections C, D, or E above.)

[List information and explain (not sent, not retained, no treatment standards?)]

Manifest No.	Date	Waste Code(s)	From which section? C, D, or E?	Explanation
--------------	------	---------------	------------------------------------	-------------

[continue on back, if necessary][Obtain Copies of Manifests, Where Possible]

Generator Treatment Methods

1. Does the generator (non-TSDF) treat wastes (to meet the Treatment Standards) in containers or tanks. ☐ Y ☒ N

Please Explain: (which wastes, type of treatment, etc.)

If YES: (a) Has the generator developed a waste analysis plan for this activity? [268.7(a)(4)] ☐ Y ☒ N

(b) Has the generator submitted this plan to the Regional Administrator? [268.7(a)(4)] ☐ Y ☒ N

2. Does the generator dilute wastes as a part of any process regulated by other EPA programs (e.g. wastewater treatment system) ☐ Y ☒ N

Please Explain: (which wastes, how are they diluted, etc.)

If YES: Is a record kept indicating why the waste is not prohibited by the LDR? ☐ Y ☒ N

3. Is there any reason to believe that the generator may have impermissibly diluted the waste to change or achieve the applicable treatment standard? (based on review of process operation, pipe routing, and point of sampling)? [268.3] {SEE DILUTION FLOWCHART: APPENDIX IX} ☐ Y ☒ N

If YES, Please explain in detail: Use back of checklist or attach sheet.

4. Did the generator mix wastes with differing treatment standards for the same constituent? ☐ Y ☒ N

If so, did the generator select the most stringent treatment standard for each constituent? [268.41(b)] ☐ Y ☒ N

5. Has the generator conducted any type of remedial project or cleanup that may have generated waste subject to the LDR? ☐ Y ☒ N

Has information on this waste been included in sections B, C, D, or E of this checklist? ☐ Y ☒ N

Please explain the circumstances, wastes, and the methods by which the generator handled these wastes (i.e., was it a soil cleanup, was it properly classified, where was it shipped...):

(continue on back, if necessary)

G

1. Characteristic wastes treated so they are NO LONGER HAZARDOUS. (waste codes)

** THESE PROVISIONS DO NOT APPLY TO CHARACTERISTIC WASTES WHICH ARE TREATED BUT STILL EXHIBIT THE CHARACTERISTIC **

(If NONE, go to H)

Explain waste type and treatment process which removes characteristic:

2. Was this waste subsequently shipped to a Subtitle D (non-hazardous) landfill? ☐ Y ☐ N (If NO, go to H)

3. [268.9(d)] Did Generator (or treatment facility) Send a Notification/Certification to the Regional Administrator for each shipment of such waste to a Subtitle D land disposal facility (non-hazardous landfill)? ☐ Y ☐ N

4. [268.9(d)(1)(i-iii)] Did Notification Contain: {SEE APPENDIX I}

Name and Address of Subtitle D facility ☐ Y ☐ N

Description of Waste Initially Generated (including Hazardous Waste Number and Treatability Group) ☐ Y ☐ N

The Treatment Standards Applicable to the Waste at the Initial Point of Generation ☐ Y ☐ N

Certification Statement [269.9(d)(2); 268.7(b)(5)(i)] ☐ Y ☐ N

H

OTHER COMMENTS:

END GENERATOR CHECKLIST

FOR TREATMENT AND/OR STORAGE FACILITIES
THIS CHECKLIST SHOULD BE COMPLETED AS WELL AS THE FOLLOWING PAGES

EST

Facility Name _____
 EPA ID # _____
 Facility Rep. _____
 Inspector _____ Date: _____

ROR LAND DISPOSAL RESTRICTIONS

STORAGE AND/OR TREATMENT FACILITY COMPLIANCE (also complete generator checklist: GEN)

1. Are restricted wastes which exceed treatment standards either received from off-site or stored on-site for greater than 90 days? _____Y _____N

If yes, which wastes?

(Note: Wastes subject to extensions to the effective dates of the regulations are excluded from the storage requirements.)

2. Are restricted wastes which exceed treatment standards treated on-site? [268.7(b)] _____Y _____N

Describe the treatment process(es):
 (Consider: Was dilution used as a substitute for treatment?)

If Answers to both questions 1 & 2 are NO, complete generator checklist: GEN and stop here.

3. Are all containers and tanks clearly marked to identify: [268.50(a)(2)]

Content? _____Y _____N
 Date of ~~Accumulation~~ *Entered Storage* _____Y _____N

4. Do the operating records track: [264.73, 265.73 and 268.50(a)(2)(i) & (ii)]

Location of waste? _____Y _____N
 Type of waste? _____Y _____N
 Quantity? _____Y _____N
 Date entered storage? _____Y _____N
 Date removed from storage? _____Y _____N

5. For wastes generated on-site which are subsequently treated on-site, do the operating records contain, for each on-site transfer of waste: [264.73, 265.73]

Waste Code? _____Y _____N
 Applicable Treatment Standard? _____Y _____N
 Waste Analysis Data? _____Y _____N Not Available

(i.e., the operating record should contain all information normally contained in the LDR Notification, with the exception of the Manifest number.)

6. Do the operating records agree with container labelling of restricted wastes in storage? [268.50(a)(2), 264.73 and 265.73] ☐ Y ☐ N

7. Are the restricted wastes in storage for less than 1 year? ☐ Y ☐ N
If stored ≥ 1 year, why?

(Note: LDR Wastes may be stored for more than a year if such storage is solely for the purpose of accumulation of quantities of hazardous waste as necessary to facilitate proper recovery, treatment, or disposal (e.g. enough waste to make up a load of waste). The burden of proof is on the facility for storage over one year.) [268.50(c)]

Waste Analysis Plans

8. Was the waste analysis plan (WAP) revised to cover land ban requirements? [268.7(b), 264.13 and 265.13] ☐ Y ☐ N

9. What is the frequency of testing provided in the WAP?

10. What types of analyses are conducted for which wastes?
Waste Code(s) Analysis

If facility stores only wastes generated on-site, complete generator checklist: GEN and stop here.

If facility accepts wastes for storage or treatment, complete remainder of checklist.

11. What, if any, procedures are used to identify discrepancies in manifests? (such as wastes for which all pertinent waste codes have not been identified)

12. Do the operating records include: [264.73, 265.73]

Notifications and certifications received from generators,
storage, and/or treatment facilities? ☐ Y ☐ N
Waste analysis data? ☐ Y ☐ N

Further Off-Site Management: Also Complete Generator Checklist: GEN

Checklist For Export Activities

1. Has the facility exported any federal hazardous wastes during the last 3 years? YES _____ NO ~~_____~~

If the answer to this question is NO, proceed no further with this checklist.

2. Have Notices of Intent to Export been filed with EPA's Office of International Activities (OIA), and has the facility maintained copies of these notices, in accordance with 40 C.F.R. §§ 262.53 and 262.57? YES _____ NO _____

Please request and attach to this checklist a copy of a typical Notice of Intent to Export.

3. Has the facility received Acknowledgement of Consent letters from the OIA for each of these Notices of Intent to export? YES _____ NO _____

4. Does the facility attached a current Acknowledgement of Consent form to each export shipment, in accordance with 40 C.F.R. § 262.54(h)? YES _____ NO _____

5. Has the facility filed with EPA's Administrator, by March 1 of each year, an annual export report summarizing the previous year's export activities, as required by 40 C.F.R. § 262.56? YES _____ NO _____

6. Has the facility ever had wastes returned to the U.S., and if so, have appropriate exception reports been filed in accordance with 40 C.F.R. § 262.55? YES _____ NO _____

Has the facility filed exception reports for any other reasons? YES _____ NO _____

If yes, why?

7. Have manifests for export shipments been completed? YES _____ NO _____

Please attach copies of typical manifests.

REQUEST FOR CHANGE

EPA ID #: CTD 980669402

COMPANY NAME: Summit Corp

TOWN: Thomaston

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation	Summit Corp Eyelets for Industry	Eyelets for Industry	Letter 1/30/89
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Lawrence, Cabrol	Russ Griswold, Russ	
b.	Installation Contact Title		Russ	
c.	Installation Contact Phone #			
V a.	Ownership	Eyelets for Industry, Summit Corp	Eyelets for Industry	Letter 1/30/89
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDP	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			NAME: Eyelets for Industry I.D. NO.: CTD 980669402 FILE LOC: P-2 OTHER:

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

3/9/89
824**REQUEST FOR CHANGE**EPA ID #: CTD 980669402COMPANY NAME: Summit Corp Eyelets For IndustriesTOWN: Thomaston

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation	Summit Corp Eyelet for Industry	Eyelets for Industry	per letter 2/8/89
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Cabrol Lawrence	Russ Griswold	
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership	Summit Corp	Eyelets for Industry	
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			NAME: <u>Eyelets for Industry</u> I.D. NO.: <u>CTD 980669402</u> FILE LOC: <u>P-2</u> OTHER: _____

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

Note: If your company is moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 980669402

Company Name: Eyelets for Ind

Date of Request: _____

Town: Thomaston

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	Eyelets for Ind	Eyelets for Ind, Inc.	
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership		45 Old Waterbury Rd. Thomaston CT 06787 203-283-8213	
b. Property Owner			
VI. Status Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

FINDS

ID NUMBER ASSIGNMENT/INPUT FORM 1

NAME Eyelets for Industry
I.D. NO. CTD 980669402
FILE LOC: P-2
OTHER: _____

EPA ID NUMBER

TRANS CODE

DATE ENTERED

CTD 98-066-9402

Y Y M M D D

NAME OF FACILITY

SUMMIT CORP EYELETS FOR INDUSTRY

STREET 45 OLD WATERBURY RD

CITY THOMASTON

STATE CT ZIP 06787

COUNTY NAME Litchfield

COUNTY CODE 005

SYSTEM:

A. RCRA ✓ B. NPDES C. STATE D. HWCTDB E. SUPERFUND
F. TSCA G. CDS H. SIP I. FATES J. DOCKET

Is this a Federal Facility? Yes No

REQUESTOR'S NAME

REQUESTOR'S PROGRAM

REQUESTOR'S PHONE

Myules

PCMA

DATE REQUESTED

REQUEST REC'D BY

ASSIGNED BY

METHOD SENT

6/15/83

my

my



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



April 16, 1991

Mr. Steve E. Yee
U.S. EPA Region I
Waste Management Division
90 Canal Street
Boston, MA 02114

Dear Mr. Yee:

As a result of an inspection conducted by the Waste Engineering and Enforcement Division of the Waste Management Bureau of Eyelets for Industry located at 45 Old Waterbury Road in Thomaston, Connecticut on February 20, 1991, Eyelets for Industry was found to be in violation of Connecticut's Hazardous Waste Management Regulations. Violations of the "Land Ban" regulations were also observed.

A copy of the inspection report is enclosed for your review and follow-up compliance action. The Department will be taking the appropriate action to address the violations of Connecticut's Hazardous Waste Management Regulations.

If you have any questions, please contact Susan L. Zampaglione of my staff at (203) 566-8843.

Sincerely,

David A. Nash
Director
Waste Engineering and Enforcement Division
Waste Management Bureau

SLZ/DAN/mip

cc: Darlene Sage

NAME: Eyelets for Industry
I.D. NO.: CTD980669402
FILE LOC: E-3
OTHER: _____

Phone:

APR 25 1991

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

May 10, 1991

Mr. Russell Griswold
 Eyelets for Industry, Inc.
 45 Old Waterbury Road
 Thomaston, CT 06787

Re: Request for Information Pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Section 6927, and Section 104 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), 42 U.S.C. Section 9604

Dear Mr. Griswold:

On February 20, 1991, representatives of the Connecticut Department of Environmental Protection (CT DEP) conducted an inspection at Eyelets for Industry, Inc., EPA ID # CTD980669402. The purpose of this inspection was, in part, to determine the company's compliance with the Land Disposal Restrictions (LDR). The LDR, which was established pursuant to the Hazardous and Solid Waste Amendments (HSWA) to RCRA, applies to facilities that manage: (1) certain spent solvents after November 8, 1986; (2) "California list" wastes after July 8, 1987; and (3) the first one-third of the listed hazardous wastes after August 17, 1988, the second one-third of the listed hazardous wastes after June 23, 1989, and the third one-third of the listed hazardous wastes, as well as EPA hazardous waste numbers D001-D017 and F039, after May 8, 1990.

The LDR requires generators to arrange for treatment of their wastes, if their wastes exceed specific treatment standards, prior to land disposal. The LDR also establishes other requirements set forth in 40 C.F.R. Part 268 as well as in the revised regulations of 40 C.F.R. Parts 260-265 and 270. A discussion of the LDR and the regulations promulgated to date can be found in the following Federal Registers:

51 Federal Register 40572 (November 7, 1986);
 52 Federal Register 21010 (June 4, 1987);
 52 Federal Register 25760 (July 8, 1987);
 53 Federal Register 31138 (August 17, 1988);
 54 Federal Register 26594 (June 23, 1989);
 54 Federal Register 36967 (September 6, 1989);
 55 Federal Register 11862 (March 29, 1990); and
 55 Federal Register 22520 (June 1, 1990).

NAME: Eyelets for IndustryI.D. NO.: CTD980669402FILE LOC: 13-2

OTHER: _____

CONCURRENCES

SYMBOL	HRW	HRW	HRW	HRW			
SURNAME	Hickey	CHIN	HRW	HRW			
DATE	5/3/91	5/8/91	5/10/91	5/10/91			

OFFICIAL FILE COPY

In order to clarify certain information obtained during this inspection and to ascertain your facility's compliance status, EPA, pursuant to the authorities of Section 3007 of RCRA, 42 U.S.C. § 6927, and Section 104 of CERCLA, 42 U.S.C. § 9604, hereby requests that the information below be furnished within fifteen (15) calendar days of receipt of this letter.

1. Describe all hazardous wastes handled on-site, including, but not limited to spent solvents. For each hazardous waste handled, this description shall include the following:
 - a) chemical composition of the waste, including all available waste analyses;
 - b) applicable EPA waste code;
 - c) a description of the process(es) which generated the waste;
 - d) any determination by Eyelets for Industry of whether the LDR is applicable to such waste, including the date the determination was made, the basis for the determination, and the results of the determination (i.e. whether the LDR is applicable to the waste), and documentation of how this determination was made;
 - e) any applicable treatment standard(s) set forth in 40 C.F.R. Part 268, Subpart D; and,
 - f) the treatment method applied to the waste by the treatment facility to which it was shipped.
2. Provide copies of all LDR notifications and/or certifications, as well as accompanying manifests, sent with each shipment of restricted waste after the date that the waste became restricted from land disposal, pursuant to 40 C.F.R. § 268.7. Please include in your answer a description of the documents being provided, including: (1) the period of time during which such documents were generated; (2) the waste stream(s) (by process and EPA waste code) to which they apply; and (3) the source of these documents (e.g., from Eyelets for Industry's internal files, or from the files of the treatment, storage, disposal or recycle facility(ies) to which Eyelets for Industry shipped its waste(s)). If any restricted waste was shipped off-site without the required notifications or certifications, please explain why this occurred and provide copies of all manifests sent with such shipments.
3. Provide copies of Eyelets for Industry's annual hazardous waste reports submitted to the CT DEP for the years 1987 to the present.

As part of this Information Request, please provide a cover letter carefully specifying what documentation is provided in response to each request.

You may, if you desire, assert a business confidentiality claim covering part or all of the information requested, in the manner described by 40 C.F.R. Section 2.203(b). You should read the above-cited regulations carefully before asserting a business confidentiality claim, since certain categories of information are not properly the subject of such a claim. Information covered by such a claim will be disclosed by EPA only to the extent, and by the means of the procedures set forth by 40 C.F.R. Part 2, Subpart B. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

This Information Request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501, et seq.

Please forward the information requested to:

Patricia Hickey (HRW-CAN3)
Waste Management Division
U.S. Environmental Protection Agency
J.F. Kennedy Federal Building
Boston, Massachusetts 02203-2211

Compliance with this Information Request is mandatory. Failure to respond fully and truthfully to this Information Request, or to adequately justify such failure to respond, within fifteen (15) calendar days of receipt of this letter can result in an enforcement action by EPA pursuant to Section 104(e) of CERCLA, as amended, and/or Section 3008 of RCRA. Each of these statutes permits EPA to seek the imposition of penalties of up to twenty-five thousand dollars (\$25,000) for each day of continued non-compliance. Please be further advised that provision of false, fictitious, or fraudulent statements or representations may subject you to criminal penalties under 18 U.S.C. Section 1001 or Section 3008(d) of RCRA.

If you have any questions with regard to the above, please contact Patricia Hickey of my staff at (617) 573-5723.

Sincerely,

Merrill S. Hohman, Director
Waste Management Division

cc: David Nash, CT DEP

bcc: Patricia Hickey
Steve Yee
Germaine Cass
Robert Cianciarulo



EYELETS FOR INDUSTRY, INC.

"Forming the Future"

June 20, 1991

Patricia Hickey (HRW-CAN)
Waste Management Division
U.S. Environmental Protection Agency
J.F. Kennedy Federal Building
Boston, Massachusetts 02203-2211

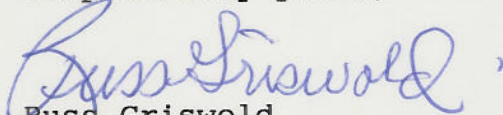
Dear Patricia:

As per our phone conversation, I am enclosing the following items:

- A) Copy of 1989 Biennial Hazardous Waste Report
 - 1) The State of Connecticut requires us to submit only Biennial Hazardous waste reports, not annual hazardous waste reports.
- B) Hazardous Waste Manifests with their land band forms as follows:
 - CTB 0046026
 - CTB 0046038
 - CTB 0046049

I appreciate your assistance and the Landband document you sent me. If you need any further information, please contact myself at #(203) 283-8213 ext. 231.

Respectfully yours,


Russ Griswold
Environmental Manager

RG/pb

NAME: Eyelets for Industry
I.D. NO.: CTD980669402
FILE LOC: 15-2
OTHER: _____



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106



PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CTD980669402		Manifest Document No. 00-0-12		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law.					
3. GENERATOR'S Name and Mailing Address Eyelets For Industry 45 Old Waterbury Rd Thomaston, CT 06787						A. State Manifest Document Number CT B 0046026							
4. GENERATOR'S Phone (203) 283-8213						B. State Gen. ID 45 Old Waterbury Rd							
5. TRANSPORTER 1 Company Name Hubbard Hall Chemical Co						C. State Tran. ID ST 33893							
6. US EPA ID Number CTD055310759						D. Tran. Phone (203) 766-5571							
7. TRANSPORTER 2 Company Name General Chemical Corp						E. State Tran. ID MD17131							
8. US EPA ID Number MAD019371079						F. Tran. Phone 617-872-5000							
9. DESIGNATED FACILITY Name and Site Address General Chemcial Corp 133 Leland St Framingham, MA 01701						G. State Facility's ID SAME							
10. US EPA ID Number MAD019371079						H. Facility's Phone (28) 617-872-5000							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No. Type							
a. Waste 1,1,1, Trichloroethane, ORM-A UN2831						3 DM		165		G		F001	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. mixed with oil						a. S01							
b.						b. T63							
15. SPECIAL HANDLING Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name Larry Cabral Signature <i>Larry Cabral</i> Date 1/22/87 Month Day Year													
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials Printed/Typed Name ED. SHERMAN Signature <i>Ed. Sherman</i> Date 1/22/87 Month Day Year													
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name DAVID CARTER Signature <i>David Carter</i> Date 01/14/87 Month Day Year													
19. DISCREPANCY Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Sandra Foster Signature <i>Sandra Foster</i> Date 1/16/87 Month Day Year													

COPY 3: GENERATOR COMPLETED COPY

CT B 0046026

NOTIFICATION OF LAND DISPOSAL RESTRICTED WASTE

In accordance with 40CFR 268.7 this will serve as notification that the following waste, checked in column B, is restricted from land disposal under section 268.32 or RCRA section 3004(D). The applicable treatment standard is contained in column C.

(A)	(B)	(C)
F001-F005 Spent Solvents	Check if contained in waste	40CFR Part 268 Support D Treatment Standard mg/liter CCWE
acetone	<input type="checkbox"/>	0.59
N-butyl alcohol	<input type="checkbox"/>	5.00
carbon disulfide	<input type="checkbox"/>	4.81
carbon tetrachloride	<input type="checkbox"/>	0.96
chlorobenzene	<input type="checkbox"/>	0.05
cresols (and cresylic acid)	<input type="checkbox"/>	0.75
cyclohexanone	<input type="checkbox"/>	0.75
1,1-dichlorobenzene	<input type="checkbox"/>	0.125
ethyl acetate	<input type="checkbox"/>	0.75
ethyl benzene	<input type="checkbox"/>	0.053
ethyl ether	<input type="checkbox"/>	0.75
isobutanol	<input type="checkbox"/>	5.00
methanol	<input type="checkbox"/>	0.75
methylene chloride	<input type="checkbox"/>	0.96
methyl ethyl ketone	<input type="checkbox"/>	0.75
methyl isobutyl ketone	<input type="checkbox"/>	0.33
nitrobenzene	<input type="checkbox"/>	0.125
pyridine	<input type="checkbox"/>	0.33
tetrachloroethylene	<input type="checkbox"/>	0.05
(perchloroethylene)	<input type="checkbox"/>	0.33
toluene	<input type="checkbox"/>	0.41
1,1,1-trichloroethane	<input checked="" type="checkbox"/>	0.96
1,1,2-trichloro	<input type="checkbox"/>	0.091
-1,2,2-trifluoroethane (Freon)	<input type="checkbox"/>	0.96
trichloroethylene	<input type="checkbox"/>	0.15
trichlorofluoromethane	<input type="checkbox"/>	
xylene	<input type="checkbox"/>	

DOT Shipping name of Waste
RQ WASTE 1.1.1. TRICHLOROETHANE
ORM-A UN 2831 (F001)

EPA waste number
F001

Manifest No.

CTB 0046026

Signature:

Russell Griswold

Title: SAFETY/ENVIRONMENTAL DIRECTOR

Print Name: RUSSELL GRISWOLD

Date Submitted: 1-12-87

Company Name/Location: EYELETS FOR INDUSTRY/45 OLD WATERBURY ROAD/THOMASTON CT. 06787

EPA or State ID Number: CTID 980669402

This notification must be attached to the manifest for shipment.
Please attach waste analysis date, if available.

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106



PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CTD980669402		Manifest Document No. 00-0-12		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but may be required by State law.			
3. GENERATOR'S Name and Mailing Address Eyelets For Industry 45 Old Waterbury Rd Waterbury, CT 06787 (203) 283-8213						A. State Manifest Document Number CT B 0046038					
						B. State Gen. ID 45 Old Waterbury Rd					
5. TRANSPORTER 1 Company Name Hubbard Hall Chemical Co						C. State Tran. ID CT 93510					
6. US EPA ID Number CTD055310759						D. Tran. Phone (203) 756-5521					
7. TRANSPORTER 2 Company Name General Chemical Corp						E. State Tran. ID 617-872-5000					
8. US EPA ID Number MA019371079						F. Tran. Phone CT 413-40607					
9. DESIGNATED FACILITY Name and Site Address General Chemical Corp 133 Leland St Framingham, MA 01701						G. State Facility's ID					
10. US EPA ID Number MA019371079						H. Facility's Phone 617-872-5000					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
						No.	Type				
a. Waste 1, 1, 1, Trichlorethane, ORM-A UN 2831						6	DM	33	G	E001	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. mixed with oil						a. S01					
b. T-63						b. T-63					
15. SPECIAL HANDLING Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.											
<p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>											
Printed/Typed Name Larry Labral						Signature <i>Larry Labral</i>			Month Day Year 4 13 87		
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Carmin Perroth						Signature <i>Carmin Perroth</i>			Month Day Year 4 13 87		
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name Brian D. Doucette						Signature <i>Brian D. Doucette</i>			Month Day Year 04 15 87		
19. DISCREPANCY Indication Space											
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											
Printed/Typed Name er						Signature <i>Sandra Foster</i>			Month Day Year 4 16 87		

COPY 3: GENERATOR COMPLETED COPY

CT B 0046038

NOTIFICATION OF LAND DISPOSAL RESTRICTED WASTE

In accordance with 40CFR 268.7 this will serve as notification that the following waste, checked in column B, is restricted from land disposal under section 268.32 or RCRA section 3004(D). The applicable treatment standard is contained in column C.

(A)	(B)	(C)
F001-F005 <u>Spent Solvents</u>	<u>Check if contained in waste</u>	40CFR Part 268 Support D <u>Treatment Standard mg/liter CCWE</u>
acetone	_____	0.59
N-butyl alcohol	_____	5.00
carbon disulfide	_____	4.81
carbon tetrachloride	_____	0.96
chlorobenzene	_____	0.05
cresols (and cresylic acid)	_____	0.75
cyclohexanone	_____	0.75
1,1-dichlorobenzene	_____	0.125
ethyl acetate	_____	0.75
ethyl benzene	_____	0.053
ethyl ether	_____	0.75
isobutanol	_____	5.00
methanol	_____	0.75
methylene chloride	_____	0.96
methyl ethyl ketone	_____	0.75
methyl isobutyl ketone	_____	0.33
nitrobenzene	_____	0.125
pyridine	_____	0.33
tetrachloroethylene	_____	
(perchloroethylene)	_____	0.05
toluene	_____	0.33
1,1,1-trichloroethane	***	0.41
1,1,2-trichloro	_____	
-1,2,2-trifluoroethane (Freon)	_____	0.96
trichloroethylene	_____	0.091
trichlorofluoromethane	_____	0.96
xylene	_____	0.15

DOT Shipping name of Waste
RQ WASTE 1.1.1. TRICHLOROETHANE
ORM-A UN 2831 (F001)

EPA waste number
F001

Manifest No.
CTB-0046038

Signature: Russell Griswold

Title: SAFETY/ENVIRONMENTAL DIRECTOR

Print Name: RUSSELL GRISWOLD

Date Submitted: 4-13-87

Company Name/Location: EYELETS FOR INDUSTRY/45 OLD WATERBURY ROAD/THOMASTON CT. 06787

EPA or State ID Number: CTD 980669402

This notification must be attached to the manifest for shipment.
Please attach waste analysis date, if available.

COAST GUARD: 1-800-424-9802. FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP. - OIL AND CHEMICAL SPILLS AT (203) 566-3338

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Hazardous Waste MANIFEST SECTION, State Office Building, Hartford, CT 06106



PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CTD980669402	Manifest Document No. 00-0-13	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law, but may be required by State law.
3. GENERATOR'S Name and Mailing Address Eyelets For Industry 45 Old Waterbury Rd Thomaston, CT 06787 (203) 283-8213				A. State Manifest Document Number CT B 0046049	
4. GENERATOR'S Phone				B. State Gen. ID 45 Old Waterbury rd	
5. TRANSPORTER 1 Company Name Hubbard Hall Chemical Co		6. US EPA ID Number CTD055310759		C. State Tran. ID CT 92553	
7. TRANSPORTER 2 Company Name General Chemical Corp		8. US EPA ID Number MAD019371079		D. Tran. Phone 203-756-5521	
9. DESIGNATED FACILITY Name and Site Address General Chemical Corp 133 Leland St Framingham, MA 01901		10. US EPA ID Number MAD019371079		E. State Tran. ID MA9-17130	
				F. Tran. Phone (807) 872-5000	
				G. State Facility's ID SAME	
				H. Facility's Phone (617) 872-5000	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vo Waste No.
a. Waste 1,1,1, Trichlorethane, ORM-A Un2831			5 DM	275	G E001
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above a. mixed with oil			K. Handling Codes for Wastes Listed Above a. S01 b. T63		
15. SPECIAL HANDLING Instructions and Additional Information					

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month Day Year
RUSSELL GRISWOLD	Russell Griswold	07/06/87
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date
ED SHERMAN	Ed Sherman	07/06/87
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date
BILL WOODS	Bill Woods	07/06/87
19. DISCREPANCY Indication Space		
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19		
Printed/Typed Name	Signature	Date
SANDRA FOSTER	Sandra Foster	7/9/87

NOTIFICATION OF LAND DISPOSAL RESTRICTED WASTE

In accordance with 40CFR 268.7 this will serve as notification that the following waste, checked in column B, is restricted from land disposal under section 268.32 or RCRA section 3004(D). The applicable treatment standard is contained in column C.

(A)	(B)	(C)
F001-F005 <u>Spent Solvents</u>	<u>Check if contained in waste</u>	40CFR Part 268 Support D <u>Treatment Standard mg/liter CCWE</u>
acetone	_____	0.59
N-butyl alcohol	_____	5.00
carbon disulfide	_____	4.81
carbon tetrachloride	_____	0.96
chlorobenzene	_____	0.05
cresols (and cresylic acid)	_____	0.75
cyclohexanone	_____	0.75
1,1-dichlorobenzene	_____	0.125
ethyl acetate	_____	0.75
ethyl benzene	_____	0.053
ethyl ether	_____	0.75
isobutanol	_____	5.00
methanol	_____	0.75
methylene chloride	_____	0.96
methyl ethyl ketone	_____	0.75
methyl isobutyl ketone	_____	0.33
nitrobenzene	_____	0.125
pyridine	_____	0.33
tetrachloroethylene	_____	
(perchloroethylene)	_____	0.05
toluene	_____	0.33
1,1,1-trichloroethane	***	0.41
1,1,2-trichloro	_____	
-1,2,2-trifluoroethane (Freon)	_____	0.96
trichloroethylene	_____	0.091
trichlorofluoromethane	_____	0.96
xylene	_____	0.15

DOT Shipping name of Waste
RQ WASTE 1.1.1. TRICHLOROETHANE
ORM-A UN 2831 (F001)

EPA waste number
F001

Manifest No.
CTB 0046049

Signature: Russell Griswold

Title: SAFETY/ENVIRONMENTAL DIRECTOR

Print Name: RUSSELL GRISWOLD

Date Submitted: 7-6-87

Company Name/Location: EYELETS FOR INDUSTRY/45 OLD WATERBURY ROAD/THOMASTON CT. 06787

EPA or State ID Number: CTD 980669402

This notification must be attached to the manifest for shipment.
Please attach waste analysis date, if available.

Sen,
BEFORE G
ORIENT EYELETS FOR IND
SITE NA 45 OLD WATERBURY RD
THOMASTON
GRISWOLD RUSS

CTD980669402

CT 06787

G
EPA ID: EYELETS FOR IND
45 OLD WATERBURY RD
THOMASTON
GRISWOLD RUSS

CTD980669402

CT 06787



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 7 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC. I	Site name and location address. Complete items A through H. Check the box <input checked="" type="checkbox"/> in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 7.			
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or _____		B. Site/company name Same as label <input checked="" type="checkbox"/> or _____		
C. Has the site name associated with this EPA ID changed since 1987?		<input checked="" type="checkbox"/> 1 Yes Eyelets For Industry Inc. <input type="checkbox"/> 2 No		
D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or _____				
E. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or _____	F. County Litchfield	G. State Same as label <input checked="" type="checkbox"/> or _____	H. Zip Code Same as label <input checked="" type="checkbox"/> or _____	

RECEIVED

FEB 08 1990

HAZARDOUS MATERIALS
MANAGEMENT UNIT

SEC. II	Mailing address of site. Instruction page 7.		
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (COMPLETE SEC. II)			
B. Number and street name of mailing address			
C. City, town, village, etc.		D. State _____	E. Zip Code _____-____

SEC. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 7.			
A. Please print: Last name Griswold		First name Russell	M.I. W.	B. Title Health & Safety Director
C. Telephone 203 283-8213		Extension 0254		

SEC. IV	Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 8.			
A. 3469	B. _____	C. _____	D. _____	

SEC. V	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
A. Number of form pages submitted Form IC 2 Form GM 1 Form WR _____ Form PS _____				
B. Please print: Last name Rosselli		First name Bernard Jr.	M.I. _____	C. Title Executive Vice President
D. Signature 		E. Date of signature MO. 02 DAY 25 YR. 92		

Page 1 of 2

Sec. VI	Generator Status
A. 1989 generation (CHECK ONE BOX BELOW) Instruction page 8 <div style="margin-top: 10px;"> <input type="checkbox"/> 1 No (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 LOG <input type="checkbox"/> 3 SOG <input type="checkbox"/> 4 CESQG </div> <div style="margin-left: 150px;">(SKIP TO SEC. VII)</div>	B. Reason for not generating (CHECK ALL THAT APPLY) Page 10 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste </div> <div> <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS) </div> </div>

Sec. VII	On-Site Waste Management Status	
A. Storage Instruction page 11 <div style="text-align: center; margin-top: 20px;">11</div>	B. RCRA treatment, recycling, or disposal Page 11 <div style="text-align: center; margin-top: 20px;">11</div>	C. RCRA-exempt treatment, recycling, or disposal Page 12 <div style="text-align: center; margin-top: 20px;">11</div>

Sec. VIII	Waste Minimization Activity during 1988 or 1989	
A. Did this site begin or expand a <u>source reduction</u> activity during 1988 or 1989? Instruction page 12 <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div>	B. Did this site begin or expand a <u>recycling</u> activity during 1988 or 1989? Page 13 <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No </div>	C. Did this site conduct a <u>source reduction or recycling opportunity assessment</u> during 1988 or 1989? Page 13 <div style="margin-top: 10px;"> <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No </div>
D. What factors have limited this site from initiating new <u>source reduction</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> 01 No factors have limited new source reduction activities. <input type="checkbox"/> 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices. <input type="checkbox"/> 03 Lack of technical information on source reduction techniques applicable to the specific production processes. <input type="checkbox"/> 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of source reduction. <input type="checkbox"/> 06 Technical limitations of the production processes. <input type="checkbox"/> 07 Permitting burdens. <input checked="" type="checkbox"/> 08 Other (SPECIFY IN COMMENTS) </div>		
E. What factors have limited this site from initiating new on-site or off-site <u>recycling</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> 01 No factors have limited new recycling activities. <input type="checkbox"/> 02 Insufficient capital to install new recycling equipment or implement new recycling practices. <input type="checkbox"/> 03 Lack of technical information on recycling techniques applicable to this site's specific production processes. <input type="checkbox"/> 04 Recycling not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of recycling. <input type="checkbox"/> 06 Requirements to manifest wastes inhibit shipments off site for recycling. </div> <div> <input type="checkbox"/> 07 Financial liability provisions inhibit shipments off site for recycling. <input type="checkbox"/> 08 Technical limitations of product processes inhibit shipments off site for recycling. <input type="checkbox"/> 09 Technical limitations of production processes inhibit on-site recycling. <input type="checkbox"/> 10 Permitting burdens inhibit recycling. <input type="checkbox"/> 11 Lack of permitted off-site recycling facilities. <input type="checkbox"/> 12 Unable to identify a market for recyclable materials. <input checked="" type="checkbox"/> 13 Other (SPECIFY IN COMMENTS) </div> </div>		

Comments: D-08 ; Reduction in solvent degreasing activity.
 E-13 ; Phasing out of solvent degreasing activities.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

EYELETS FOR INDSTRY
45 OLD WATERBURY ROAD
THOMASTON, CONNECTICUT 06787

EPA ID NO.

C1T1D1918101616191410121



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 SPENT SOLVENT-- DEGREASING OPERATION-- SLIGHTLY TOXIC, IRRITANT
HALOGENATED HYDROCARBONS

B. EPA hazardous waste code
Page 15

F1001 N A N A N A

C. State hazardous waste code
Page 16

1 1 1 1 1 1 1 1 1 1

D. SIC code
Page 16

13141619

E. Source code
Page 16

1A1017

F. Form code
Page 16

1B121012

G. Origin
Page 16

Code 11

System type 1M101211

H. TRI constituent
Page 17

131

I. CAS numbers
Page 17

1. 1 1 1 1 7 1 1 - 5 5 - 1 6 2. 1 1 1 1 1 1 - N A - 1

3. 1 1 1 1 1 1 - N A - 1 4. 1 1 1 1 1 1 - N A - 1 5. 1 1 1 1 1 1 - N A - 1

Sec. II

A. Quantity generated in 1988
Instruction Page 17

115112101511512

B. Quantity generated in 1988
Page 17

1101731160

C. UOM
Page 18

1

D. Density
Page 18

10184

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW?
Page 18

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1

SYSTEM 2

System type
Page 18

1M101213

Quantity treated, disposed or recycled in 1988
Page 18

1101731160

System type
Page 18

1M1111

Quantity treated, disposed or recycled in 1988
Page 18

1101731160

Sec. III

A. Was this waste shipped off site? ☒ 1 Yes (CONTINUE TO BOX B)
Instruction Page 19 ☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility to which waste was shipped
Instruction Page 19

1M1A1D1011913171101719

C. System type
Page 19

1M101212

D. Total quantity shipped in 1988
Page 19

1101731160

Site 2

N A 1 1 1 1 1 1 1 1 1 1

1M1111

1 1 1 1 1 1 1 1 1 1

Sec. IV

A. Waste minimization results in 1988 ☐ 1 Yes (CONTINUE TO BOX B)
Instruction Page 20 ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity
Page 21

W 1 1 1 W 1 1 1

W 1 1 1 W 1 1 1

C. Other effects
Page 21

☐ 1 Yes

☐ 2 No

D. Quantity recycled in 1988 due to new activities
Page 21

1 1 1 1 1 1 1 1 1 1

E. Activity/Production Index
Page 21

1 1 . 1

F. Source Reduction Quantity
Page 22

1 1 1 1 1 1 1 1 1 1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME EYELETS FOR INDSTRY
45 OLD WATERBURY ROAD
THOMASTON, CONNECTICUT 06787

EPA ID NO. CITID191810161619141012



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>MIAID0119131711101719</u>	B. Name of off-site installation or transporter <u>GENERAL CHEMICAL CORPORATION</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>133 LELAND STREET</u> City <u>FRAMINGHAM</u> State <u>MA</u> Zip Code <u>01701</u> - <u> </u>
Site 2	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u>
Site 3	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u>
Site 4	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u>
Site 5	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u> - <u> </u>

Comments:



GENERAL CHEMICAL CORPORATION

P.O. Box 608 • 133-138 Leland Street • Framingham, Massachusetts 01701

Telephone 508/872-5000
Fax 508/875-5271

May 24, 1991

Mr. Russ Griswold
Eyelets for Industry
45 Old Waterbury Road
Thomaston, CT 06787

Dear Mr. Griswold:

As you requested, this letter briefly summarizes what happens to your spent 1-1-1 Trichloroethane after we pick it up.

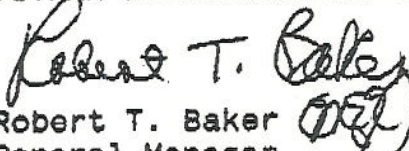
We properly transport the spent solvents from your facility to our facility in Framingham, MA (MAD019371079). Upon receipt, it is tested to confirm the waste is as represented in your 1-1-1 Tri profile information. Once it is approved, the waste is put in a bulk storage tank with similar material. At this point, your waste loses its identity and we become the generator.

Through our thin-film evaporation process, we recover the solvents for resale to industrial users. The extracted oil contaminant is then transported by our tanker to an EPA approved cement kiln permitted to take waste oil high in chlorine content.

Please contact me if you have any questions. We appreciate the opportunity to service your hazardous waste requirements.

Very truly yours,

GENERAL CHEMICAL CORPORATION
VITRAX ENVIRONMENTAL DIVISION


Robert T. Baker
General Manager

RTB/kw

NAME: Eyelets for Industry
I.D. NO.: CTD 980669402
FILE LOC: E-2
OTHER: _____

Eyelets for Industry

REPORT OF RESULTS

Your sample ID See below Date submitted 05-09-89

EML sample ID 890509- EFI Date(s) analyzed 05-09 to 05-17-89

* * * RESULTS REPORTED IN mg/L * * *
(unless noted otherwise)

Sulfuric
Acid Waste 30%

Lab Analysis on Waste sulfuric Acid 30%
from (Anode/Cathode) Acid test.

Copper	18.0
Nickel	423.0
Chromium	767.0
Cobalt	nd<0.2
Manganese	141.0
TSS	---

Analyst(s) *Al-MB*

Reviewer *[Signature]*



NAME: Eyelets for Industry
I.D. NO.: CTD980669402
FILE LOC: E-2
OTHER: _____



ENVIRONMENTAL MONITORING LABORATORY, INC.



EYELETS FOR INDUSTRY, INC.

NAME: Eyeflets for Industry
I.D. NO.: CTD980669402
FILE LOC: E-2
OTHER: _____

"Forming the Future"
May 24, 1991

Patricia Hickey (HRW-CAN3)
Waste Management Division
U.S. Environmental Protection Agency
J.F. Kennedy Federal Building
Boston, Massachusetts 02203-2211

Dear Patricia,

Enclosed are the following items:

- A). List of Hazardous Waste Operations & Descriptions
 - 1. Vapor degreaser using 1.1.1. Trichloroethane.
 - 2. Waste Freon TF (small parts cleaning)
 - 3. Waste Sulfuric Acid (Test Procedure).
- B). Waste Compositions
- C). EPA Waste Codes
- D). List of waste manifests and L.D.R. Forms as of 7-8-87.
(California Land Band)

CTC 0109701	CTC 0109740
CTC 0109702	CTC 0109750
CTC 0109703	CTC 0176611
CTC 0109704	CTC 0176633
CTC 0109705	CTC 0176660
CTC 0109706	CTC 0310014
CTC 0109707	CTC 0310037
CTC 0109720	CTC 0176680
CTC 0109729	
- E). Lab Reports
- F). Generator, Biennial Hazardous Waste Reports

We hope the information complies with your request.
If you should have any further questions, please contact
Russ Griswold.

Respectfully yours,

R.W. Griswold

R.W. Griswold
EFI Environmental Department



I. Hazardous Wastes Generated at E.F.I.

A1. (Waste (1.1.1) Trichloroethane)

1. Degreasing operation.
 - a. Cleaning of nickel plated parts produced at Eyelets for Industry.
 - b. Produced parts would be put into the solvent vapor degreaser containing trichloroethane (1.1.1). The vapor produced from the heating up of the 1.1.1 would clean the produced parts.
 - c. When the solvent became saturated with oil from the forming operation, material from the degreaser still would be drummed and put into storage before being moved off site by a licensed waste transporter to a licensed TSDF.

B1. Waste 1.1.1 Composition

1. Spent 1.1.1. Trichloroethane drawing.
2. Oil from forming operation:

C1. Waste Code; Fool - Toxic

Note: The above degreasing operation is no longer performed at Eyelets For Industry. Any produced product requiring this type of cleaning is sent off site for cleaning.

- D1. Under 40CFR 268.32 Wastes Specific Prohibitions California list wastes, paragraph (e).
Liquid hazardous wastes that contain HOCs in total concentration greater than or equal to 1000 mg/l and not prohibited under paragraph (a) (3) of this section.

A2. Waste Freon TF

1. Quart size parts cleaner.
 - a. A small quart size container with a very small plastic basket makes up this operation.
 - b. This container holds about 1/2 pint of Freon TF.
 - c. 6-12 small parts are placed into the basket and the basket is dipped into the freon.
 - d. The hand size basket is then removed from the freon and the oil free parts are removed and placed onto an image projection scope for dimensional checks.

2. Spent Freon is collected into a DOT approved Acid Drum.

NAME: Eyelets for Industry
I.D. NO.: CTD 980669402
FILE LOC: E-2
OTHER: _____

B2. Waste Composition

1. Spent Freon TF.
2. Oil from forming operation:

C2. Waste Code- F002 Toxic

D1. Before shipment of waste Freon, a lab analysis will be performed.

A3. Waste Sulfuric Acid.

1. Anode/Cathode Acid Test
 - a. Produced parts made of a tri-clad material (copper /stainless steel/nickel) are tested from resistance against corrosion/pitting.
 - b. 6-12 produced parts, each about 1/2 to 1/4 the size of a dime are placed into a beaker.
 - c. These produced parts are just covered with a 30% concentrated sulfuric acid purchased this way.
 - d. This beaker with parts and acid are placed on a hot plate and the acid is brought to a boil for 15 minutes.
 - e. If these parts show no sign of corrosion or pitting they are acceptable.
 - f. Spent sulfuric acid 30% concentrated is collected in a dot approved acid drum.

B3. Waste Composition.

1. Spent Sulfuric Acid (30%)
2. Other contaminants as indicated on lab report.

C3. EPA Waste Code. D002